

Date Submitted by CC:

Kentucky Agricultural Development Fund

Date Received by Board:

Application No.: (ADB use only)

Proposal Cover Page

1. TITLE OF PROPOSED PROJECT:				
2a. LEGAL NAME OF THE ENTITY TO WHICH THE AWARD SHOULD BE MADE:			3. NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (AR)*:	
2b. Address (Where Check to Be Mailed):			4a. Telephone No.:	
			b. Fax No.:	
			c. E-mail Address:	
			5. ADDRESS OF AR:	
6a. TYPE OF ORGANIZATION: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Government <input type="checkbox"/> Cooperative <input type="checkbox"/> LLC <input type="checkbox"/> C-Corp			6b. Is the entity in item 2 registered with the Secretary of State's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is it a sole proprietorship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. TAX ID #:				
8. PROGRAM TO WHICH YOU ARE APPLYING: <input type="checkbox"/> Model Program (Specify): <input type="checkbox"/> Other			9. PROPOSED START DATE: 	
10. PROPOSED ENDING DATE: 				
11. TYPE OF REQUEST (Check all that apply): <input type="checkbox"/> New <input type="checkbox"/> County Model Request for Additional Funds <input type="checkbox"/> Resubmission <input type="checkbox"/> County Contribution to Multi-County Project			12. a. COUNTY FUNDS REQUESTED: b. COUNTY: \$	
13. PROJECT CONTACT (If different from AR in item 3.):			c. STATE FUNDS REQUESTED: d. TOTAL REQUESTED: \$	
14 a. Contact Phone: b. Contact Fax: C. Contact E-mail:			16. Have you received any ADF funding? State: County:	
15. CONTACT ADDRESS:			17. What percent of the total project costs are you requesting?	
18. WILL YOU BE SEEKING ADDITIONAL FUNDS FROM OTHER SOURCES? (Including other County Councils) <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify:				
19. PROJECT SUMMARY (What are the goals of the project? Describe how the funds will be used.)				
By affixing a signature to this application, the applicant(s) certifies that he/she has read and understands the guidelines governing funds and agrees to all conditions set forth therein; and that all information contained in this application package is true to the best of the applicant's knowledge, information, and belief. The applicant(s) also authorizes the Agricultural Development Board and any of its representatives to make all necessary investigations of financial, credit, and other records through credit agencies and authorize the release of any and all information, which may be relevant to making a decision on this application, whether such information is record or not. The Agricultural Development Board reserves the right to modify or terminate any subsequent agreements with applicant, if at a future date it becomes aware of material misrepresentation(s) contained in this application.				
Signature of Authorized Representative (From box #3):			Date Signed:	